

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesGUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN  
LIFE PAC

ADDRESS (number and street)

7 HANOVER SQUARE

☐Check if different  
than previously  
reported. (ACC)

C/O EDWARD KANE

NEW YORK

NY

10004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00173393

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Hurley

Signature of Treasurer

Electronically Filed by John Hurley

Date

07

22

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		11385.15
(b) Cash on Hand at Beginning of Reporting Period .....	11816.75	
(c) Total Receipts (from Line 19) .....	2242.72	4565.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	14059.47	15950.59
7. Total Disbursements (from Line 31) .....	6337.61	8228.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7721.86	7721.86
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN  
LIFE PAC**

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1560.00	1960.00
(i) Itemized (use Schedule A) .....	682.72	2605.44
(ii) Unitemized .....	2242.72	4565.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2242.72	4565.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2242.72	4565.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2242.72	4565.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6250.00	7750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	87.61	478.73
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6337.61	8228.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6337.61	8228.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2242.72	4565.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2242.72	4565.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4302

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4303

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4304

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing federal political committee.

C

Name of Employer  
Berkshire Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing federal political committee.

C

Name of Employer  
Berkshire Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4307

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4309

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

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FOR LINE NUMBER: PAGE 8 / 14

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4311

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4313

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 9 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4316

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 14

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4319

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4318

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4324

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4326

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4328

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4327

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4330

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4333

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

1560.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address 101 Constitution Ave. NW  Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span>  Category/Type</p> <p>Candidate Name  <b>AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.4338</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>Friends of Phil Steck</b></p> <p>Mailing Address 39 NORTH PEARL STREET 4TH FLOOR</p> <p>City ALBANY State NY Zip Code 12211</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span>  Category/Type</p> <p>Candidate Name  <b>PHILLIP G STECK</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 21</p>	<p><b>Transaction ID:</b> SB23.4345</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>Paul W Hodes</b></p> <p>Mailing Address 26 South Main St.#253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span>  Category/Type</p> <p>Candidate Name  <b>Paul W Hodes</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: NH District: 02</p>	<p><b>Transaction ID:</b> SB23.4339</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6250.00**

**TOTAL** This Period (last page this line number only) .....

**6250.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4341 <b>Date of Disbursement</b>																				
Mailing Address 221 Park Avenue South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">30.69</td> </tr> </table>	30.69																			
30.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4343 <b>Date of Disbursement</b>																				
Mailing Address 221 Park Avenue South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">28.66</td> </tr> </table>	28.66																			
28.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4344 <b>Date of Disbursement</b>																				
Mailing Address 221 Park Avenue South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	8												
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">28.26</td> </tr> </table>	28.26																			
28.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**87.61**

**TOTAL** This Period (last page this line number only) .....

**87.61**